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## **Attorney Docket Number** DECLARATION FOR UTILITY OR ASHOK SHUKLA First Named Inventor **DESIGN** COMPLETE IF KNOWN PATENT APPLICATION (37 CFR 1.63) **Application Number** 12/6/01 Filing Date Declaration Declaration Submitted OR Submitted after Initial Art Unit with Initial Filing (surcharge (37 CFR 1.16 (e)) Filing required) **Examiner Name**

As the below named inventor, I hereby declare that:					
My residence, mailing address, and o	citizenship are as stated bel	low next to my name.			
I believe I am the original and first inv	ventor of the subject matter	which is daimed and for v	which a patent is sou	ight on the invention entitled:	
MAGNETIC	PIPETTE				
	(Title of the	Invention			
the specification of which	( ) lue oi me i	mvenuorij	•		
is attached hereto					
OR _		<del></del> -1			
was filed on (MM/DD/YYYY) as United States Application Number or PCT International					
Ĺ					
Application Number	and was amend	ded on (MM/DD/YYYY)		(if applicable).	
		, _			
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.					
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT					
international filling date of the continuation-in-part application.					
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is					
claimed.  Prior Foreign Application		Foreign Filing Date	Priority	Certified Copy Attached?	
Number(s)	Country	(MM/DD/YYYY)	Not Claimed	YES NO	
1					
Additional foreign application nur	mbers are listed on a supple	emental priority data shee	t PTO/SB/02B attach	ned hereto:	

[Page 1 of 2]

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## **DECLARATION** — Utility or Design Patent Application

Direct all correspondence to:  Customer Number or Bar Code Label  OR Correspondence address below					
Name ASHOK KUM	1AR SI	HUKLA			
Address 10316 KINGS	VAY C	OURT			
CHY ELLICOTT CITY	St	ate M )	ZIP 21042		
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR :	A petition has	been filed for this unsigr	ned inventor		
Given Name ASHOK KUMAR Family Name SHUKLA or Surname					
Inventor's Signature Date 12 16 10 1					
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NAME OF SECOND INVENTOR:  A petition has been filed for this unsigned inventor					
Given Name MUKTA MISRA Family Name SHUKLA or Surname					
Inventor's Muller Signature	ulele.		12   6   0   Date		
Residence: City	State MD	USA Country	U <u>S</u> Citizenship		
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CHY ELLICOTT CITY	State MD	ZIP 21042	US A Country		
Additional inventors are being named on thesupplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

Please type a plus sign (+) ins	de this box	<b>→</b>	$\pm$
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## **DECLARATION**

ADDITIONAL INVENTOR(S) Supplemental Sheet Page \_ \_\_ of \_

Name of Additional Joint Inventor, if any:			A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])			Family Name or Surname			
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Inventor's Signature			Date			
Residence: City	State		Country		Citizenship	
Mailing Address						
Mailing Address						
City	State		ZIP	Cou	intry	
Name of Additional Joint Inventor, if any:  A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any]) Family Name or Surname			or Surname			
Inventor's Signature					Date	
Residence: City			Country		Citizenship	
Mailing Address						
Mailing Address						
City	State		710	\ c.	ountry	

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